

# REGISTRATION FORM

Please PRINT all information.  
Incomplete forms will not be processed.

## INFORMATION OF PARTICIPANT(S)

LAST Name Only:

Address:	City:	Zip:
Home Phone: ( )	Day Phone: ( )	
Emergency Contact:	Relationship:	Phone: ( )
Name of Medical Provider (if applicable):		
Present Physician/Location (if applicable):		
Known Medical Conditions/Allergies:		
To have a receipt emailed, please provide your email address:		
Does the participant(s) require any special accommodations to participate in these activities? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, a Recreation Services staff person will contact you.</i>		

**Photo/Video Release: I agree to allow the use of my/my children(s) photograph and/or video for program publicity.** ☐ Yes ☐ No

## LIST ALL PARTICIPANTS BELOW

First & Last Name	Birthdate	Sex	Activity Code 1st Choice	Activity Code 2nd Choice	Activity Code 3rd Choice	Program Fee
						\$
						\$
						\$
						\$
						\$
						\$
Would you like to make a donation to the Recreation Assistance Program (R.A.P.) for fee assistance? Enter amount here:						\$
Processing Fee:						\$
Total Here:						\$

## CREDIT CARD PAYMENT

I authorize the use of my credit card: ☐ Visa ☐ MC ☐ AMEX ☐ DISC

Name as it appears on card:

Card #: CVC#:

Expiration Date (Month/Year):

Signature: Date:

## PAYMENT BY CHECK

Please make check for first choice class(es).  
Make check payable to: "City of Milpitas"  
Mail to: **Class Registration**  
**457 E. Calaveras Blvd.**  
**Milpitas, CA 95035**

**DO NOT SIGN THIS DOCUMENT BEFORE YOUR READ IT AS IT CONTAINS A WAIVER AND RELEASE OF LIABILITY TO WHICH YOU WILL BE BOUND.**

I, \_\_\_\_\_ declare that I am the parent/legal guardian of \_\_\_\_\_. I, the undersigned, do hereby agree to allow the individual(s) named herein to participate in the aforementioned activity(ies) and I further agree to indemnify and hold the City of Milpitas harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of or in any way connected with his/her participation in this activity. The undersigned further authorizes the administration of any first aid steps that may be deemed necessary by qualified personnel. I also grant full permission to the City of Milpitas to use the name and any photographs, video graphs, motion pictures or recordings of the individuals named herein for any publicity and promotion purposes without obligation of liability to me. I verify that all the above information is true and accurate. I have read, understand and agree to all of the policies of Milpitas Recreation and Community Services in regards to Refund/Cancellations, Transfers, Late Pick-Ups, Camp, and Workshop Refunds/Transfers, Code of Conduct and Discipline Plan, Class Cancellations and Wait Lists listed in the current Activity Guide, on the website and/or on the back of this form. I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND I FULLY UNDERSTAND THAT, BY SIGNING BELOW, I AM WAIVING ANY RIGHTS THAT I MAY HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST THE CITY OF MILPITAS FOR NEGLIGENCE ON BEHALF OF MYSELF AND THE INDIVIDUALS NAMED HEREIN.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Print Name(s) \_\_\_\_\_ ☐ Participants ☐ Parent ☐ Legal Guardian